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ORIGINAL DEPARTMENT.

LECTURES.

CLINICAL LECTURES ON THE SURGICAL DISEASES OF CHILDREN.*

LECTURE 4TH.

CONGENITAL TORTICOLLIS.

Translated by S. J. RADCLIFFE, M. D., of Washington, D. C.

GENTLEMEN: You are all acquainted with the disease known under the name of torticollis. You know that that pathological state consists in a torsion, often congenital, of the neck, a torsion resulting from permanent contraction of one of the sterno-cleido-mastoid muscles. The head undergoes a displacement which inclines the summit toward the shoulder of the diseased side, whilst the chin is carried and elevated in an opposite direction.

Numerous are the causes and the varieties of torticollis. Cold, troubles of nutrition, important diseases of the organs which enter into the composition of the neck, are among the circumstances capable of producing it. In a general way, we distinguish it into idiopathic torticollis, or that arising from functional or organic lesion of the muscle itself, and symptomatic torticollis. It is thus that glandular inflammation, phlegmons invading the cellular tissue which borders upon the sterno-mastoid muscles, warm or cold abscesses, vicious cicatrices, etc., may occasion torticollis, disappearing with the cause which has determined it. It is quite as common to see individuals affected with vertebro-cervical Pott's disease presenting a deviation of the head

from its normal position. By reason of the disorders which exist in the cervical vertebra certain muscles are always contracted, and the head is placed in a flexed position, more or less exaggerated, but persistent. Different nervous alterations, paralysis, for example, when they are directed to one of the lateral parts, produce a predominance of action of the muscles of the opposite side, and consequently produce torticollis.

To know the etiology of torticollis is without doubt a very important point. Yet, clinically, it is above all things important to examine which are the varieties which may furnish occasion to act. Now of all the varieties of torticollis which may induce surgical intervention, the more frequent is that which we qualify congenital—that which has had its origin in an alteration of the muscle itself, or a lesion of the nerves connected with it. It is then to that morbid variety that we ourselves attach the preference.

When the torticollis is congenital, it has a very peculiar physiognomy. One of the patients afflicted with torticollis that we have had this year in our wards, Louis S., is a beautiful example of it.

That child, set. seven years, is moderately developed for his age. He is rachitic. The deviation of the neck is, in his case, only a part of an assembly of deformities. The chin is projected forward, and to the right. The vertex, directed backward and to the left, is in consequence lowered toward the shoulder of the side affected. The corresponding sterno-mastoid, contracted, firm and tense, is reduced to a cord, which, by its jutting out, delineates the muscle in all its extent. At the inferior extremity we feel very clearly the sternal and clavicular fasciculus. The atrophy and the contraction are so marked that the affect-

*Clinical Lectures on the Surgical Diseases of Children, by M. J. GERALDES, Surgeon to the Hospital for Sick Children, Assistant professor of the Faculty of Medicine of Paris, etc., etc. Paris, 1869.

ed muscle is hardly equal in length to the third of the healthy sterno-mastoid. There is there, without dispute, an advanced fibrous transformation.

In the normal state the sterno-mastoid muscles are situated on the same level, have an oblique direction, backward and forward, and above and below, and if we make a line from one mastoid process to the other, in passing by the occiput, that line corresponds to the anterior third of the condyles of this last bone. From there a powerful increase of the contraction of the sterno-mastoid muscles arises. With the little boy of whom I spoke to you just now, it is far from being the same. The sound sterno-mastoid is more advanced, and the inter-mastoidean line is no more horizontal.

We will add to all these symptoms that the right half of the face, that is to say, that which corresponds to the torticollis, is comparatively to the other emaciated, narrow, deformed. The gaze has an oblique direction, the eyes are no more on the same level, and one is more elevated than the other.

Hitherto, gentlemen, we have mainly insisted on the changes observed in the sterno-mastoid muscle. But other muscles, to a variable degree, undergo modifications. We observe, among others, a stiffness of the scalenus. This stiffness with some persons is sometimes more marked than it is with our patient. It is the same thing also with the trapezius. This muscle you know is inserted above and behind to the superior curved line of the occipital bone. If it is contracted in its course we will observe a curvature of the vertebral column to occur, engendering thus a new deformity. Such is the case in our patient. Always when congenital torticollis is very pronounced, or when it appears consecutively to Pott's disease of the spine, we encounter that complication. It constitutes a serious obstacle to a definite and complete correction of the malformation.

These exaggerated contractions of several muscles of the neck are the source of nutritive troubles, which consequently produce a modification of the bones, and of the neighboring parts, whose development is arrested. From that cause again we have new conditions which contribute to the failure of the treatment.

All the preceding conditions show you, gentlemen, how little chance we have to cure

radically the little boy of the St. Como ward. Nevertheless, these modifications in the disposition of the cervical vertebrae, these differences between the organs of one side of the face and those of the other, you will find in different degrees among most individuals affected with congenital torticollis.

The etiology of congenital torticollis is again also obscure. Some have advanced the idea that it may come from application of the forceps. Up to a certain point, it is admissible that if the pressure has been very great, if the nerves of the side of the cranium or of the neck have been contused, changes may arise in the ulterior evolution of the organs to which are distributed nervous filaments. Besides this, it may be avowed that that is an uncertain etiology, and only accounts for a limited number of cases of torticollis.

There is also a circumstance which plays a great part, not only in the production of torticollis, but in the treatment. It is the following: You will remember that the muscles, as demonstrated by GERDY, are surrounded by a fibrous sheath nearly absent in some muscles, very perceptible and perfect in others. But it is in the cervical region more than elsewhere that this sheath is evident. That of the sterno-mastoid muscle is entirely fibrous. It is inserted in the same points as the muscle, and more, it is strengthened by very strong elastic fibres, which give to it and to the muscle a considerable resistance. That sheath in the phenomenon of contraction does not remain passive. The resistance in torticollis is also augmented in consequence of the transformation of the muscular fasciculi. It follows that after the section of the tendons the sheath is opposed to the straightening of the head.

All these details are far from being superfluous. The most of them constitute so many indications which influence the treatment. The contraction of such and such muscles, the trapezius, for example, will demand a separate tenotomy, that of the tendon of the sterno-mastoid being insufficient. The scaleni themselves, when the torticollis is extremely pronounced, ought to be divided, either by destroying the muscular tension, or by employing the least powerful mechanical apparatus, which is better supported by patients.

In like manner as in other anomalies of conformation, hare-lip, club-foot, congenital cataract, etc, the epoch of surgical interven-

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tion ought to be determined. In my opinion torticollis makes no exception; it is urgent to act early; for, concluding that a malformation will become every day more and more great, altering the conformation of the cervical vertebrae, congenital torticollis will, in consequence of such increase, permanently prevent the head from preserving the vertical position. Also, the more we temporise the more we favor the growth of the organs of one side of the face and neck at the expense of the evolution of the organs of the opposite side.

Before speaking to you of the different modes of treatment, it is expedient, gentlemen, to vindicate the appeal made to the cutting instrument. Without having recourse to tenotomy, may we not bring back the parts to their natural position? We think not. The application of special apparatuses to very young children may cause distress, may cause embarrassment in the movements of the head, etc., and sometimes may cause, in consequence, in these little beings, if frail, a general weakness. Apparatuses are advantageous, even indispensable, when, the tenotomy performed, the child now young, has arrived at the age of only one or two years, etc. That insufficiency, then, of mechanical means, proves that the only method of preventing the appearance of secondary deformities is tenotomy. It gives the possibility of gently restoring the parts to their natural position, by the aid of mechanical means, much more easily than would be the case if we had not previously practiced it.

The necessity of the operation determined, the time fixed, we pass in review the therapeutic resources that we have at our disposal. They are of three orders: Medical, Surgical and Mechanical.

Frictions, the internal use of tonics, to their entire extent, may be ranked in the first category. Their utility, apart from the necessary tonics in scrofulous and rachitic children, however, is very doubtful. We do not speak here, of course, of passing torticollis as we see it in its acute form, depending on rheumatism, but of congenital, and symptomatic torticollis.

Relatively to the mechanical means, their employment dates back, gentlemen, to a remote period. By turns highly praised, then abandoned for a long time, it was only during the end of the last century that they took in the treatment of torticollis, and furnished

any successes. It was only toward the same period that surgical treatment intervened. The more methodic usage of mechanical means, however, made their defect apparent, and lead to the search for the cause of their want of success. It was perceived that they resided in a tendency to contraction of the tendons and muscles. It was thus that surgeons were lead to practice tenotomy.

However, before the actual time of its accomplishment, different attempts had been made by some surgeons. Not later than 1639 MINNIUS, cited by TULPIUS and ROONHUYSEN had essayed to cure torticollis by cutting the sterno-mastoid muscle. JOB MEECKREN (1682) in his book entitled *Observationes Medico Chirurgicae*, reported a case of torticollis in which the sterno-mastoid was divided by a surgeon named FLORIANUS. In certain works two cases are mentioned: one by Meeckren, the other by Florianus. This is an error; these two cases are really but one and the same.

These citations will show you, gentlemen, that the section of the sterno-mastoid muscle occupied the attention as far back as the seventeenth century. But that operation, naturally imperfect, fell soon into oblivion, and it was only at the commencement of the nineteenth century that tenotomy was seriously studied. Delpech, of Montpellier, Dieffenbach, Stromeyer, Bonvier, J. Guérin have successively contributed to its progress and its popularization.

At the time when Florianus lived the tendon of the sterno-mastoid was cut, after incision of all the tissues that covered it. In the additional notes to the English translation of the work of LEDRAN, CHESELDEN has reproduced a drawing, on which is indicated the place of election of the section. The operation was executed openly, either by a parallel or transverse incision, as we proceed in the case of the tendo Achilles. Accidents having happened unexpectedly, tenotomy was abandoned.

It was not until we arrive to the year 1817 that we encounter a new example of tenotomy in the treatment of torticollis. It was due to DELPECH, who cut the tendon of the sterno-mastoid muscle transversely. Five years later (1822), an important improvement was added to that operation by DUPUYTREN. Having under his care a case of torticollis in a young girl ten years of age, Dupuytren conceived the idea of cutting the muscle under

the skin, with a view of preventing the formation of an unsightly cicatrix. The point of a straight, narrow bistoury was plunged through the integuments exactly forward of the internal side of the sternal extremity of the contracted muscle. The blade of the instrument gliding flatly under the muscle until it reached the external side of its clavicular border. He then turned the edge forward, and cut in a sawing manner a sufficient quantity of the muscular fibres. This is the first indication known of the subcutaneous method. (*Manual de Médecine de Coster*, 1829, 3d Edition, p. 219.) No one's attention was called immediately to that innovation. It passed, so to say, unobserved.

AMMON having arrived at that time in France, summarized, in a pamphlet entitled *Parallèle entre la Chirurgie Française et la Chirurgie Allemande* (1823), the impressions he had received during his travels. He reported this circumstance, but relating in a singular manner the operation practiced by Dupuytren. Ammon relates that the surgeon of the Hôtel-Dieu, after having made one incision in the cutaneous fold, passed a bistouri boutonné and divided the muscle. That description differed so notably from that of COSTER, that I will recall it only for an instant. Which of these two authors is right? I think it is Coster. For AVERILL in his book, *A Short Treatise on Operative Surgery* (1823), mentions the observation of the patient of Dupuytren in analogous terms to those of Coster. Moreover, he declares that the punctures healed very quickly. Finally, FROREY speaks of the operation in the same manner as Coster and Averill.

You have a right to be astonished, gentlemen, to see me dwell so long on a question in appearance so futile. Its solution, for all that, is important. The first example of subcutaneous tenotomy has been, in fact, the point of departure of ardent controversies between M. Bouvier and M. S. Guérin.

Dieffenbach published in 1830, in *Le Dictionnaire de Chirurgie*, of Rust, the result of a series of sections of the tension of the sterno-mastoid muscle. He considered the innovation, which consisted in performing the operation under the skin, as happy and advantageous, and attributed it to Dupuytren. Besides, Dieffenbach modified the operative procedure; he took great pains in passing the bistoury under the muscle, to prevent the point from puncturing the skin on the opposite side.

M. SYME (of Edinburgh) in turn performed (in 1833) the section of the sterno-mastoid in an identical manner with that of Dieffenbach. But very soon we, in France, were also interested in the subject, and M. L. FLEURY was the first to perform the operation at Paris.

In 1836 M. le Docteur BOUVIER presented to the Academy of Medicine drawings demonstrating that we may, by the aid of tenotomy, correct certain deformities. Sometime after M. J. GUÉRIN addressed to the Academy of Sciences, and published in its journal, a memoir, in which he generalized the employment of tenotomy, in raising it to the rank of surgical means. In his work he affirms that torticollis is nearly always produced by a contraction of the clavicular extremity of the sterno-mastoid, and that section, by only one opening, permits us to correct the malformation. M. Bouvier protested against it, pretending to have performed the operation on a young girl seventeen years of age in 1836. M. J. Guérin persisted in claiming for himself the priority of the discovery. We kept aloof from both sides to look into the literature of the subject, and we perceived that Dieffenbach and Syme were proceeding in the same manner.

A journal of that period, *l'Experiance*, contained numerous articles on the subject, which it is easy to complete by the perusal of the *Gazette Médicale*.

From all these controversies it seems to result that, if M. J. Guérin has shown that the section was made under the skin by only one incision, it was M. Fleury, and after him, M. Bouvier, who first made the subcutaneous section of the tendon of the sterno-mastoid. However, it is just to say that M. Bouvier in his work, and in his academic presentation, designed mainly to prove the inconvenience of the subcutaneous section, which he regarded as an exceptional practice, whilst that M. J. Guérin, on the contrary, contributed by his efforts to promote and establish it as a general method.

It was necessary to search in the works published anteriorly in order to withdraw from M. J. Guérin the merit of having instituted subcutaneous tenotomy. Very soon we placed our hand on the observations of Dupuytren; and M. Dezeimeris, who took part in that dispute, in the place of adhering to the text of Coster, cited the translation of Ammon, and said: "You see that Dupuytren has

preceded you by sixteen years." M. J. Guérin did not acknowledge himself vanquished. He made a sharp reply to those authorizing the account of Coster and Noeuvil, and thought the discovery of Dupuytren was silly. You will see, after that, how much pains one has had in elucidating this special point. Discussions also had taken place at the Academy of Medicine, discussions that passionately commented on this journal, and which finally ended in a famous law suit.

But we will leave there, gentlemen, these purely historic details, and we will examine what are the most suitable operative procedures; it is assuredly the subcutaneous method which is preferable. This method is divided into two varieties, according as we incise the muscle from before backward, or in the opposite direction. The operation is possible in both directions. However, in proceeding from before backward, that is to say, in passing the blade of the tenotome between the skin and the muscle to divide it, we risk wounding the numerous veins situated on the posterior surface of the clavicular extremity of the muscle. So we ought in my opinion to give the preference to the operation from behind forward. After having made in the skin a sufficient puncture for the passage of the tenotome, we introduce the instrument, then make the head to incline to the opposite side, and lower the shoulder corresponding to the torticollis. That, moreover, stretches firmly the tendon, which comes, so to say, to cut itself on the tenotome.

When the section of the sterno-mastoid is not sufficient to straighten the head, we are sometimes obliged to cut the trapezius and the scalenus muscles, the contraction of which carries the head backward.

All the causes of deviation destroyed, it remains to maintain the parts in their natural position which we come now to enjoin. This is the time for the invocation of mechanical and orthopedic agents. Their choice and application are far from being exempt from difficulties. It is not, however, the apparatuses that fail, for they are very numerous, but the most of them are fabricated for particular cases. These apparatuses are divided in two groupes, viz.: Collars and minervas. The first were in the beginning simply rigid collars. Then they were made in two equally rigid segments. Generally they were inconvenient and badly borne by the patient.

One of the least defective is composed of two pieces, the one taking its support from the inferior maxilla, the other from the shoulder. They formed thus one part, a true collar, and the other a sort of scapulary hood. Both are padded carefully, and united behind in the median line by means of a leather strap, or by a metallic stem, divided in several pieces articulated together. The superior revolving articulation permits the head to be brought back to its position forward; it corresponds to the atlanto-occipital articulation. A second articulation serves to lower or elevate the chin. Finally, the most inferior, lateral articulation inclines the head to the right or to the left, a screw with point d'arrêt maintaining it immovable.

BONNET (of Lyons) has employed an apparatus composed of a species of demi-pilérine of leather, fixed by means of padded and buckled straps, passing within the axilla. That pilérine was provided with two vertical supports of steel, and furnished with two screws, terminated by large balls. These being protected by coverings, were applied to the jaws, redressing the head by that means, in any way desired.

Some have composed apparatuses also of leather. The leather is moulded on the neck and part of the scapular region of the patient; this mould is intended to give the necessary form to the collar; and, with a view to lighten the apparatus, we pierce it with holes. To give them more of solidity, we strengthen them with steel supports, and border them with little metallic bands. Notwithstanding these precautions, these sorts of machines are imperfect. When you make the mould, you do it to hold the child immovable. But that immobility is not always preserved. The child moves its arms, respire more freely and strongly, coughs, etc., and all these movements make the apparatus mount upward toward the jaws.

The minervas are complicated apparatuses, difficult to place, to suitably arrange which, a perfect interpretation of mechanics, and a certain practical knowledge, is necessary. Well designed and well executed, they are capable of rendering undoubted service. We know a great number of minervas. The two principal are those of Delacroix constructed on the suggestions of ANTOINE DUBOIS, and that of M. COTTIN, made after the directions of M. J. Guérin. An attentive ex-

amination of these apparatuses shows the differences in their mechanism, and consequently their action.

Minervas are composed ordinarily of three parts: a dorsal, a cervical and lastly a cephalic part. The first constitutes, properly speaking, a base of support. It is formed sometimes of a dorsal demi-cuirass, sometimes of a median support riveted to a stiff belt. Sometimes the dorsal piece resembles a cross, the horizontal branches of which correspond to the shoulders, on which it is fixed by bands. The cervical part is attached to the dorsal cuirass, or continues with the median support either directly, or by means of a movable joint. It fits ordinarily the contour of the neck, that is to say, it curves inward, and prevents a mechanical arrangement intended either to extend the neck or to permit it to have movements of rotation. The cephalic part is the most important, and demands all the attention of the manufacturer and the surgeon. It is that part above all that surgeons and orthopedists have materially modified. Sometimes it is formed of a demi-casque, embracing the occiput and the lateral parts of the head. It is articulated to the median support by means of a mechanism serving to place the head in any determined position.

At other times the cephalic segment is formed of two branches articulated to the cervical part. They mount up on the sides of the head and jaws, and are so fixed by well stuffed cushions. Finally, there is a rigid or elastic sling attached to the prolongation of the median support itself, and moulding on the parietes of the cranium in the same manner as the rest of a casque.

The cephalic portion, in all cases, is arranged by a more or less complicated mechanism, and restores the head to an opposite position to the pathological direction. As you may understand, gentlemen, in order that this result may be obtained, it is necessary that the instrument shall be well made; it is necessary further that it shall be especially manufactured for the patient, to whom it shall be applied. Otherwise it is badly adapted, has a defective function, and is torturing to the patient. If ever you employ these apparatuses, examine with minuteness all the points that bear on the salient portions of the head and the face, without which you may have to fear disagreeable accidents.

In regard to the minerva of M. COTTIN,

Fig. 5, we would say it is formed first of an abdominal belt; second, of a scapular belt; third, of a capuchin hood, made of two large plates that surround the occiput, and uniting in front on the plane of the forehead, embracing the cheeks and inferior maxilla; a metallic upright, composed of several pieces placed behind, and corresponding to the vertebral column, and joining these three girdles. Its articulations possess the same movements as those of the collar, and the minerva of Delacroix. By means of a key we augment or diminish the lateral inclination, the anterior inclination, etc. The mechanical arrangement, the pressure of which is gradual, is also easy. However, it requires a long time to construct them perfectly, and consequently they are very dear. It is only the rich who are able to procure them.

At the Orthopædic Hospital at London they employ an apparatus quite as ingenious, and enjoying the same movements as the two precedingly described minervas.

We have had recourse also to another apparatus, composed of two branches of unequal length, which are crossed as the blades of scissors, the enlarged extremities of which are applied to the lateral walls of the head at different heights—at the summit of the head of the diseased side, on the cheeks of the healthy side. But its application necessitates the employment of a certain force, and, therefore, it exercises a very painful pressure, by reason of the multitude of nervous filaments which it is found it compresses. This species of orthopædic apparatus, the minerva, has been greatly modified by different orthopedists or mechanists. It will not be worth while I think, in the way of your instruction to indicate to you all of them. I will speak only of another apparatus, which, by its disposition, may give good results in practice. I speak, gentlemen, of the apparatus of JONO. It is composed of a leather corset and rigid band, well stuffed, buckled around the head. At the anterior and middle portions of the corset is found a plate of metal with a movable joint attached to a metallic stem or spring; from this diverge the tractors, which are attached to the cephalic circle. By means of a key we fix the spring and the tractors, and bring the head in a more normal position.

You see, gentlemen, that to arrive at good results you will have several obstacles to overcome, obstacles which revieve with each new

patient. You will have individuals of different ages affected with torticollis, whose forms will be very variable, requiring special dynamic conditions. From that cause we are necessitated to arrange for each patient a particular apparatus. Some of them will not answer the purpose; may occasion pains, torture, fevers, and also convulsions. On the other hand, besides the question that all your patients are not opulent, you will often be delayed by orthopaedists. It will be necessary, then, to inquire if there is no other method to relieve these deformities.

In slight cases, in those that are described under the name "torticollis des petits-maitres," we may apply a band of adhesive plaster around the head, and another around the body, which will furnish two points d'appui. With the aid of a band or buckles, passed between these two circles, it is easy to give to the head its normal attitude. This bandage is removed easily, as we are obliged to re-apply it frequently.

Gutta purcha is also serviceable. After having cut a piece of convenient size, we soften it in warm water, and then mould it on the neck. A compress saturated with cold water is then thrown on the gutta purcha, which will make it harden very quickly. But that dressing is not more exempt from faults than the preceding. Its principal advantages are that it is accessible to every body; that it may be renewed or modified according to the new conditions imposed by the changes supervening in the different positions of the head. Paste-board may, in the same way, replace the leather mould and the gutta purcha. Finally, if you possess mechanical notions, if you have at your service an intelligent workman, you may perfect these apparatus according to circumstances, by appropriating them to the indications that you may find in the attentive study of the facts.

COMMUNICATIONS.

A CASE OF SUPURATIVE HEPATITIS SUCCESSFULLY TREATED WITH THE MURIATE OF AMMONIA.

By DR. L. G. ALEXANDER,
Of Calhoun, Kentucky.

In the London *Lancet* for August, 1870, there is an article on the treatment of hepatic disease, by W. STEWART, M. D., the reading

of which brings to mind some notes of a case of suppurative hepatitis treated in like manner by myself with this salt, when other remedies commonly used in this disease had had no appreciable effect in staying or relieving the symptoms; and thinking that it may prove useful to the profession, I am induced to give an outline of the case, and the marked good effect of the ammonia in producing absorption of the abscess and subsequent recovery of the patient case.

July 6th, 1869, I was called to see F. R., æt 9; I found the patient laboring under a very high fever, and complaining of pains of a dull, heavy aching character in the right hypochondriac region; hot skin; great thirst, scarcity of urine, and from the previous history, evidently of a remittent character; there was well marked fullness of the hypochondriac region, from enlargement of the gland, and the area of dullness on percussion was rapidly increasing. The pain was greatly increased on pressure, or deep inspiration or cough. There was inability to lie on the left side; there was little or no discoloration of the conjunctiva; urgent dyspnoea; cough and vomiting; there were no pains in the shoulder or scapula, but severe pains in the head; the bowels were confined; tongue, dry and heavy, coated with a brownish white fur, thick, and the patient protruded it with difficulty; the urine was clear, though very irritable, and pain was complained of on the least movement in the various parts. On inquiring I found that the patient had been having intermittent fevers, from which he had recovered. The situation was on the border of a swampy creek bottom. The parents supposed this to be a return of the intermittent, and had administered quinine. I pronounced it a case of hepatitis, and of a very grave character, as the patient was much debilitated.

I put him on a supporting plan of treatment. There being a torpid state of the colon, and there being no dysentery present, I began by giving him a powder containing calomel 4 grs., and same quantity of pulv. rhei, to be repeated in 5 hours, with the idea of increasing the circulation through the portal capillaries; and then by diminishing the congestions in the capillaries of the hepatic artery, I directed in conjunction with this 3 grs. of Dover's powder every 4 hours, with the idea of determining to the surface, and relieving pain; a large flaxseed poultice to be applied to the left side, and

if the bowels fail to act in 10 hours, one-half ounce of castor oil. After the bowels acted the following mixtures to be given alternately with the powders, nitric æth. 3ss, tinct. digitalis, viij. ℥. every 4 hours, patient to be confined to bed, and have beef-tea. Saw patient 24 hours after.

July 7.—Found fever somewhat subsided, but area of dullness increased. The fullness more prominent, the cartilages erected, the chest about the fifth rib having the appearance of being sunken or depressed, and complaining of a lancinating pain in this region, evidently involvement of the pleura and convex surface of the liver. Some scanty mucus, very tough, was brought up. Bowels had been opened twice. Skin had been moist for a short time, and strong evidence of a remission of the fever; pains in the head relieved. Ordered pulv. Dover every 4 hours, combined with rhei iij gr., nitric æth. ʒiij, vini colchici ʒj.—dose 40 ℥. every four hours.

July 8.—Found the patient in same condition; ordered medicine continued.

July 9.—Somewhat better; treatment continued.

July 10.—Fever lower; no remission; complains of chills; evidently supuration going on in the gland; tongue dry and brown, evident.

bordering on typhoid; urine high colored, diminished in quantity; pain in voiding it; bowels somewhat active, of a dysenteric character; cough dry; pain in side somewhat relieved; ordered tr. opii 3 ℥., castor oil, ʒj.; enemas (of starch; a mixture of tr. opii nitric ether; vin. ipecacuanha, alternately every 4 hours, with tr. chincho. ʒ, iodid. of potassa, gr. 24; teaspoonsful every four hours; milk punch frequently; poultice to be kept on abdomen as often as there was tenderness complained of.

July 11.—Symptoms about the same; medicine continued.

July 12.—Complains of throbbing pain in right lobe; nausea, some vomiting; fever somewhat higher (from the punch); continued medicine.

July 13.—Supuration going on in the gland; ordered nitro-muriatic acid and bark; pain to be relieved with full doses of opium; the bowels to be moved with oil and milk punch frequently.

July 14.—No improvement; medicine continued.

July 15.—Patient emaciates visibly, and is evidently losing ground; bathed in cold

perspiration; tongue very brown and furred; pulse, 140 weak; urine albuminous; complains of little or no pain; chronic rheumatism. As my patient had evidently received no benefit from the preceding remedies, I determined to try the ammonia treatment, having followed for ten days the usual treatment. I ordered muriate of ammonia 5 grains, ʒij. of tr. sarsaparilla every four hours, and 3 grains of Dover's powders every four hours; milk punch and beef tea; bran poultice to bowels.

July 18.—Found patient a little improved; passed an increased quantity of urine; skin slightly moist and warm; pulse, 105; breathing less oppressive, and seems to notice things; can put out tongue, which is not so dry, though dark brown; expectoration more copious and raised easily; bowels soft; medicine to be continued as before.

July 20.—Patient much improved.

July 22.—Patient decidedly better; bowels moved; urine more copious and light colored; pains dull and aching; no abatement of the swelling.

July 24.—Pains in side much relieved; looks much better; cough troublesome; sleeps well; pulse, 98. Ordered Port-wine and flax-seed tea, and to continue the ammonia.

July 26.—Complains of increased pains in side. Ordered hop poultice, and five grains of Dover's powder, with other medicine as before.

July 29.—Patient improving; indications of swelling gradually diminishing; medicines to be continued; iodine to be painted over side.

August 2.—Hectic fever; expectoration of thick mucus of a white cottony look, evidently due to bronchial irritation. Ordered the ammonia to be given in tinct. of bark, Port-wine, and beef-tea.

August 9.—Enlargement rapidly decreasing; some appetite, took a little tea and cracker with relief.

August 10.—Can take a deep breath; slight cough; can sit up in bed; complains of very little pain; medicines continued. From this time forward he continued to improve until, five months after, when I saw him, he was a strong, hearty lad, with little or no enlargement, but some deformity in the region of the fifth rib.

At this date, January, 1871, there is no indication of any disease, and he is the picture of health.

The good effects of the ammonia were evident from the second dose. The gradual

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giving away of the bad symptoms I think were entirely due to its therapeutic effect. *It increased the amount of urine, and the active state of the secretory glands were due to it. The general warmth of the system it produced had the effect to tranquilize and relieve the nervous system. It evidently acted on the absorbent system so as to cause an absorption of the effused matter, thereby acting as an alterative, which I have ever found it to do in such cases, stimulating the absorbents, relieving congestion of the tissues of the lung as well as the liver and kidneys.

In conclusion I will say that the field for the application of this medicine is large, and its careful use in congestive and suppurative diseases of the parenchymatous structure of the above named organs will, in the majority of instances, prove an important adjunct to their successful treatment, and in many it will prove a specific.

HOSPITAL REPORTS.

UNIVERSITY OF PENNSYLVANIA.

Service of J. E. GARRETTSON, M. D. Lecturer on Surgical Diseases of the Mouth.

February 8, 1871.

[REPORTED BY DE. F. WILLARD, M. D.]

Cheiloplasty.

GENTLEMEN: The case now before you has been sent a long distance to our Clinic, even from beyond the Mississippi, and it will be our province to-day to devise some method for his relief.

Many years ago this man was the victim of that fell disease, syphilis, and worse than this, was treated in accordance with the then prevailing ideas, with excessive and continued doses of that dangerous drug, mercury, until at last his constitutional force, though normally of medium strength, could withstand the two poisons no longer, and ulceration occurred, destroying, before it ceased its ravages, not only portions of the hard and soft palates, septum nasi, turbinated bones, etc., but also a large portion of the soft tissues of the cheeks, lips, and even neck.

The cicatrices of these extensive sloughs you will see upon every part of his face, but what renders the case more pitiable and uncomfortable, is the condition of the oral cavity, owing to the loss of the lower lip, and the consequent open condition of the vestibule, permitting the constant escape of saliva upon the bosom, and exposing the entire

teeth and gums, thus causing a most hideous deformity.

Not only is there loss of substance, but the mouth, as well as the face, is distorted by the contraction of the cicatrices, so that prehension and mastication are performed with difficulty, especially as additional trouble is occasioned by the loss of the hard and soft palate. Now, at first view, it would seem almost impossible to benefit this man, for it is evident that nothing less than a plastic operation would be of any benefit, and the immense cicatrization would seem to preclude such an attempt, yet I have hopes that we shall be able to obtain tissue for such an operation if we are careful in the selection of our flaps.

Plastic surgery, gentlemen, opens to you a field for the exercise of great ingenuity and the display of all your mechanical and artistic powers. You can follow no fixed rules, but must work upon general principles, studying each indication to be fulfilled, and each method which proposes itself for the accomplishment of each purpose. You must remember that new tissue is to be substituted for that which is lost, and that it must be transplanted and made to live in its situation, a procedure which will necessarily require healthy material as the first element of success. Moreover, this new tissue must come from parts adjacent to the injured portion or from a member, as the arm, which can be placed in association with such part. You must give the flap a good base of supply, looking toward some large artery, if possible; you must make it of sufficient size to more than cover the part, in order that there be no stretching, and also to allow for contraction; you must make it of such shape that it can be adapted to its new position; and lastly, you must properly adjust and fasten it in such a manner that the natural condition of the parts will be as nearly as possible attained. You must also be extremely careful that a healthy, fresh surface shall be obtained at the old seat of disfigurement, in order that union may readily occur.

These are the principles upon which you are to work, and having given you these, I have really said all that I can tell you; the rest must depend upon yourselves. Of course, you will be benefited by a study of all the illustrations and suggestions which have been made upon the subject, but you will soon find that no two cases are precisely alike, and each will require a method of your own devisement; and it may also be well for you to remember that the final desired result may not be possible at one operation, but must be relieved by progressive steps.

Before commencing any such operation the whole plan of procedure, with its successive steps, must be thoroughly decided upon in your mind, for if this precaution is neglected you may commit some irreparable mistake in the midst of its per-

formance. First of all should be mapping out, upon the face, the lines of incision, either in ink, or better, by a nitrate of silver point, always allowing for about one-third shrinkage of the skin, and much ingenuity will be required to form this flap of such shape that it can be turned and fitted to fulfil its new requirements.

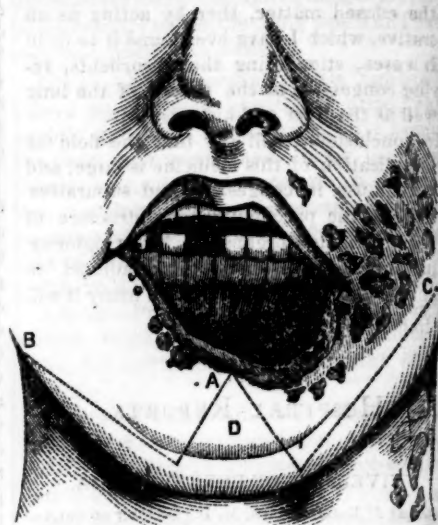
Now in rhinoplasty, or the formation of a new nose, the flap is usually taken from the forehead and turned down to cover the missing organ; or more rarely from the arm, the Tallecotian operation, this member being held in position by appropriate apparatus until union is complete, when the pedicle is separated and the nose is nourished from its new source of supply. In operations upon the lips, however, the structures about the lower part of the face and upon the neck, are so freely movable that we can usually take our flap from the immediate neighborhood, following, in a general manner, as far as practicable, Dieffenbach's principle of turning mucous membrane over upon the skin, to form the border of the new lip. In the present instance I think that we can obtain our flaps from this tissue upon the side of the jaws, making the incisions, as I will show you upon a diagram. You will see the cicatricial tissue upon the cheeks, lips, nose and neck, but the vitality seems still to be sufficient to warrant a prospect of cure, especially as his health (a circumstance which should never be overlooked), is in excellent condition, and the sloughing process was arrested many months ago. You notice how entirely the lower lip is absent, how the teeth project in their bareness, how all the parts are densely contracted and bound down to the maxilla, and how the left oral angle is pulled aside by the contraction.

Now, can we fill all this vacancy? I think so, for all the parts in this region are quite movable. How shall we do it? Do just as I told you a few moments since, sit down and study the requirements—map out the normal lips in your mind's eye, and make accurate calculations as to the size and shape of the tissue needed to replace the lost portion.

We could take a flap from the neck and bring it up into this position, but I think there is a still better way.

I take this pen and mark upon the face what you see in the diagram, for our incisions. One line will commence at A; will run downward and outward to the point on the chin where the base is directed backward, then along the base nearly to the ascending ramus to the letter B in the diagram. The other will exactly correspond upon the opposite side to C. Now, when we make these incisions down to the bone and dissect the flaps AB and AC freely up throughout their whole extent from the maxilla, do you not see that they can easily be car-

ried upward and forward to be united at the normal median position of the lower lip, thus covering in the lower teeth and giving a good lip provided we can compel them to unite properly? The promontory D will assist in filling this space, and the only places which will be denuded will be upon the sides of jaws, in a position where granulations will soon spring up and leave but little deformity.



I said we would cut down upon the bone as far back as the angle, but if we should do this the facial artery would necessarily be severed, a circumstance which would be dangerous to the vitality of our flaps in this cicatricial condition; we shall, therefore, cut through skin and superficial structures down upon the artery, but not through it, which we shall be able to do if we are careful of every stroke. Should we accidentally injure it, of course it would be easily secured, but it behooves us to use extreme care, since the life-giving principle to our flaps must come through this channel, thence through the inferior labial branches chiefly, since the inferior coronaries are undoubtedly largely destroyed by the sloughing action. We may have some difficulty from the saliva, but the supine posture will obviate much of this annoyance. You will see that the left oral angle is drawn aside and downward to such a degree that an additional operation will be necessary to bring it into its proper normal condition. It must be drawn upward or "taken in," which will necessitate the removal of a triangular piece from the upper lip, and approximation of the cut edges, all of which we shall do at one operation.

I again review the case, observing it from various positions, but can suggest no better mechanical means for its relief; in fact, I think those proposed

will be all sufficient. Having made our flaps, an accurate adjustment is necessary, which we shall accomplish by the use of the common hare-lip-pin and suture, taking especial care that the pin at the border of the new lip shall be properly inserted. Adhesive strips will be added to lend their support, and the dressing will consist of either warm or cold water, according to the arising symptoms or accidents. Liquid food and absolute rest will be essential for several days, and particular attention must be paid to keeping the parts free from saliva.

This operation will, I am sure, be more applicable than that of Tallemant, where the flap is taken from the front of the neck, or of Guopart, where vertical cuts are made from the angles of the mouth and the flap slipped upward after a free dissection from the bone. In either of these methods cicatrization is liable to produce evulsion, while here the central triangular promotory, D, will do much to prevent such contraction and consequent deformity. This process of subsequent contraction is the great obstacle in the way of successful treatment of all deformities arising from destruction of tissue, whether occasioned by salivation, burns or any other cause, the disposition of this *tissu inodulaire*, being ever to condensation, thus reproducing the abnormal condition.

The subject of transplantation of structure for the relief of loss of tissue has recently received fresh impetus from the experiments which are now being tried, and the cases which are reported in the journals, both of our country and on the other side of the Atlantic, in relation to the growth of an island of fresh skin placed upon an ulcerated surface without the support of a pedicle, being obliged to obtain its nourishment directly and immediately from the part itself, a procedure the general utility and application of which is still under advisement. Now it may seem strange to you that blood vessels (and without these life and nutrition cannot exist) should so quickly form, and truly the whole method of formation of these vessels in new tissue is simply wonderful, being indeed but an instance of a law wider than the grasp of science; a law that expresses the Creator's will for the recovery of all lost perfection.

The support of such a piece of transplanted skin, or, in fact the occurrence of immediate union in the case of any transplanted flap, necessitates the rapid passage of vessels across the intervening space. The formation of such vessels cannot, perhaps, be better understood than by viewing them as an *outgrowth* or development from the vessels already formed, in the manner demonstrated by BILLROTH. (*Untersuchungen über die Entwicklung der Blutgefässe*, Berlin, 1856.)

At some point on an already existing vessel the wall dilates—a pouch is formed; it deepens, and a

blind canal results, while at the same time, at a point not far distant from the first, a similar action is going on: one diverticulum projects backward, the other extends toward it, each taking their course in the direction of the new material to be nourished or formed; they extend, meet; the intervening walls which closed their ends are removed, and a continuous arch is formed through which the blood freely courses. Thus at any point these little offshoots, microscopic in their size, unite with a similar one from the same or adjoining vessels, until multitudes of little arches and mutual anastomoses are formed and nutrition accomplished, all with precision, regularity and dispatch. Thus marvelous are the actions constantly taking place in our bodies to subserve the process of repair, and although man's capacity for the reproduction of large losses of tissue is infinitely less than in the lower beings, yet there exists in all the same wonderful reparative power. As we descend the scale to creatures incapable of self-defense or self-preservation, this provision for the sustenance of existence becomes more marked until, as in Protozoa, self-destruction or separation is but a common occurrence in case of danger, repair being so active that a short time suffices to replace any portion of the body that may be cast off.

In man, who possesses the power of reasoning and defense, such provision is of less importance, and repair exists in its least expression, still with the advance of knowledge we may hope to assist nature even in this process, as exemplified, for instance, in the production of bone from rescued periosteum.

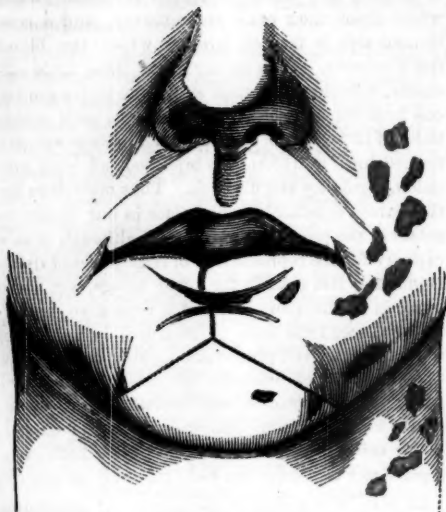
Such, gentlemen, are a few of the thoughts that enter my mind as we stand before the case. Let us now act.

[The patient being etherized, the incisions were then made as shown in the diagram, the flaps A B and A C being first freely dissected from the bone, and then slipped upward and forward until they were easily united at a point corresponding to the normal median position of the lower lip. The facial artery was exposed, but being carefully avoided escaped injury, a most fortunate circumstance, as afterward proved; for when the piece came to be removed from the upper lip in order to properly arrange the left oral angle, the pedicle to the flap upon that side was rendered somewhat scanty and narrow. In a few moments after being properly adapted to its position by pins, it became cold and livid, placing its safety somewhat in jeopardy.]

In two hours it was perfectly black, notwithstanding the free use of hot water and hot bottles to the part; the contained blood was apparently stagnant, and sloughing seemed most probable until the expedient of free puncturing and scarification was adopted, thus artificially relieving the congestion and causing considerable improvement in its temperature. In a few hours more the same plan was repeated with happy results, and a continuance of the same for two days at varying inter-

vals placed the whole flap in excellent condition, and union progressed most favorably and rapidly.

The saliva interfered with, but did not prevent, the adhesive action, and the result has been most satisfactory, as may be judged from the accompanying cut.



Stimulants and tonics were not neglected during the treatment, and support was well maintained until union was perfect.—DE F. W.]

MEDICAL SOCIETIES.

OHIO STATE MEDICAL SOCIETY.

April 4th, 1871.

By JOHN A. LITTLE, M. D., of Delaware, Ohio.

[REPORTED BY J. W. HADLOCK, M. D.]

Antagonistic Powers of Opium and Belladonna.

Owing to the limited extent of my personal observations upon this interesting and important subject, it is with much hesitation that I attempt to make a report thereon.

Believing, however, that even one marked case in one's personal experience, when fully sustained by the statistics of many other cases of equal authenticity, ought to have weight in influencing the opinion of the profession, I submit the following report:

I do not propose to advance any new ideas, or to advocate any new theory upon this subject. The evidence before the profession is sufficient, I think, to warrant the assertion that there is a well marked antagonism between these two remedial agents.

My effort shall be, by the statement of a few interesting cases to so impress the mind of the profession with the value and importance of the fact, that in cases of emergency they will have confidence to act

promptly and efficiently, and with a feeling of assurance of success, even in cases which, under other circumstances, would be utterly hopeless.

There are but few occasions more trying and embarrassing to the physician than those of poisoning, whether it be the result of accident or of suicidal attempt. The knowledge of, and the possession of, reliable antidote, lifts a mountain of responsibility from his shoulders.

It is entirely unnecessary on this occasion to give the botanical history and therapeutical action of these medicines, for with these we are all supposed to be quite familiar. As to the *modus operandi* of medicines, I believe we are still considerably in the dark. There is much speculation upon this subject, also a great deal of theory and guess work. Some things we do know from experiment, which we do not accept as facts. For instance, it has been pretty well demonstrated that opium is a narcotic and produces sleep, whilst belladonna is a delirient, and is not apt to cause sleep.

Moreover, that opium produces relaxation of the capillary blood-vessels, whilst belladonna contracts the same. Opium seems to exercise its greatest influence upon the nerves of organic life, thereby producing a slow pulse and slow respiration; also contracting the iris.

On the contrary, belladonna acts directly upon the nerves of animal life, increasing the frequency of the heart's action and the respiration, and causing dilatation of the iris.

It is easy to see how chemical poisons may be antidoted by chemical processes; one by combination with another producing a third, which is either inert or innocent.

It is not so easy to understand how one vegetable medicine, whose action is probably entirely upon the nervous system, should be antidotal to another whose action is essentially in the same direction.

This, however, appears to be the case in these two remedies. Hoping that the report of a few characteristic cases will satisfy the profession as to the fact of the antagonism of these two medicines, I will proceed to relate them as concisely as possible.

The first will be a case of opium poisoning:

At half-past nine o'clock P. M., on April 11, 1870, my friend, Dr. I. H. White, called hurriedly at my office for a stomach pump.

On inquiry, I found that two hours before two-thirds of a teaspoonful of laudanum had been given to an infant not quite four months of age, in mistake for Winslow's syrup. It was an hour after it was given before the error was discovered.

Dr. WHITE found the babe quite narcotized, but still able to swallow. He had for an hour endeavored with ipecac., tartrate of antimony, and sulph. zinc, to produce emesis, without success. He had

given remedies to as full an extent as he thought safe.

I told him that the time for evacuates of that kind had passed, and that as the poison was already absorbed, and was then going the grand round of circulation, the stomach pump would be of no avail. He must antidote the poison. He asked what would answer that purpose. I assured him that belladonna would do so.

We immediately visited the patient. It was comatose, though not to such an extent but that it could swallow the antidote. Had it been so, I should have resorted to hypodermacy. The surface was cold and pallid, and the respiration slow. The pulse too feeble to be counted. The pupils were contracted to a small point. We gave at once fifteen drops tinct. belladonna. After the expiration of fifteen minutes, being unable to see any effect from the antidote, the dose was repeated. In another fifteen minutes there was a slight dilatation of the pupil observable, and the temperature of the surface was better, as was the respiration also. Still we gave a third dose of fifteen drops. We then waited half an hour, when dilatation was so decided and consciousness so much improved that I felt confident the babe was safe.

Still, to make sure, I gave fifteen drops more, and told the parents they could take the babe to bed with perfect assurance of its safety.

I called the next morning and found the patient perfectly well, with the single exception that the pupils were dilated to the full extent. I have no doubt that its vision was much disturbed, though it was not old enough to tell us so.

No other medicine was given. If there is no antagonistic or antidotal property in these two medicines, it would be very interesting to know what became of that large dose of laudanum. It is certain that not a drop of it was evacuated.

Also it would be interesting to know how an infant of less than four months of age could take, in the course of one hour, sixty drops of a good tincture of belladonna with perfect impunity.

Dr. G. R. PATTON, in the *Lancet and Observer* for June, 1859, reports the case of a lady to whom, at 3 o'clock, P. M., of April 10th, he gave two grains of morphia hypodermically for severe neuralgia. He says that in less than five minutes all pain had subsided and there were decided symptoms of narcotism. In ten minutes her case was altogether alarming—pulse, 30; respiration, 10; profound coma; pupils contracted. Between artificial respiration, electricity and atropia, he chose the last. Deglutition being impossible, he at once gave one-sixteenth of a grain of atropia hypodermically.

After waiting a few minutes, and observing no effect, he injected another 1-16 grain. In five or six minutes he found that the pulse could be counted,

the respiration more frequent, the pupils dilated a little, surface becoming warmer, but insensibility still complete. He then injected another 1-16 of a grain of atropia. In fifteen minutes afterward the pupils had dilated to a mere rim, and there was a partial return to consciousness. By ten o'clock she was comfortable, but feeble, and by two o'clock the next morning she was well.

He very properly remarked that "the antagonistic action of opium and belladonna is now so clearly recognized that we may, with great confidence, have recourse to either one as remedial to the effects of the other, in any case in which a poisonous dose has entered the circulation."

Dr. C. C. LEE reports in the *American Journal of Medical Science* the case of a child, et. two years, to which laudanum had been given in an unknown quantity, probably for the purpose of infanticide. He says: "Enough, however, had been swallowed to render a fatal prognosis almost positive. The tincture of belladonna was instantly given, in doses of fifteen minims, repeated at intervals of twenty minutes, until four doses were taken. Soon after the fourth dose the child exhibited every sign of the first stage of belladonna intoxication. The medicine was discontinued, and soon the child was, to appearance, well. No vomiting or other disagreeable sequels occurred."

Prof. WILSON, of the Woman's Medical College, at Philadelphia, relates a case of poisoning by repeated injections of sul. morphia in $\frac{1}{4}$ grain. He says: "Within a short time after receiving the last dose, which must have been somewhat larger than the preceding one, she became comatose, with a suffused and purple countenance; stertorous respiration; contracted pupil, and complete insensibility. One-quarter grain of atropia was administered hypodermically. The pupils were quickly (almost instantly) fully dilated, with complete insensibility to light; the stertorous breathing ceased, and was replaced by quick, hurried, almost gasping respiration. Symptoms of belladonna poisoning were well marked. I have no doubt that the antidote had been administered more freely than was necessary. Nevertheless, the patient made a rapid and perfect recovery."

Dr. M. S. BUTTLES relates in the *Medical Record* of August 15, 1868, a case occurring in his own practice, which shows the efficacy of belladonna in cases of poisoning by opium. He had in the course of twelve hours given two hypodermic injections of morph. sul. of $\frac{1}{4}$ grain at each time. Within thirty minutes after the last injection the patient was narcotized.

The respirations were but seven to the minute; no pulse at the wrist; pupils contracted and extremities cold. Atropia was administered hypodermically, two doses of 1-8 gr. each, with an interval

of half an hour. In less than one hour consciousness was restored and the patient out of danger.

Dr. B. F. REYNOLDS, of Fulton, Pa., reports in the *MED. & SURG. REPORTER* for Aug., 1868, an interesting case in which a mother had given, by mistake, from half to three-fourths of a teaspoonful of laudanum to an infant but five weeks old. He gave fifteen drops of tinct. belladonna at intervals of a few minutes. The babe was saved.

Dr. NORRIS, of Philadelphia, reports in the *Am. Jour. of Med. Sciences* a case in which, as near as could be estimated, the patient had taken seventy-five grains of morph. sulph. In the course of five or six hours fifty grains of ext. belladonna were given in connection with other remedies. The next day the patient was well.

Dr. Norris, also, in the same paper, gives in tabular form the history of ten cases of opium poisoning treated with belladonna. He states the amount of opium nine had taken; the condition and age of the patient; the amount of belladonna given, and the result. There was only one fatal case. This is sufficient for opium poisoning.

I will now invite your attention to a few cases of belladonna poisoning treated by opium. This is of much rarer occurrence, partly because it is not so much used medicinally, and never, to my knowledge, for suicidal purposes. It is generally the result of accident. Children are often tempted by the mottled appearance and flavor of the berries to eat them.

Sometimes collyria made from atropia or extract of belladonna are taken in mistake for other medicines.

Dr. HEERING, in 1868, relates the case of a child three and a half years old that swallowed a solution of one grain of atropia in three drachms of water. Vomiting occurred, and very promptly symptoms of poisoning.

A subcutaneous injection of $\frac{1}{4}$ gr. of morphia was promptly practiced.

Very soon a decided improvement in the condition of the child took place. The pulse fell at once from 160 to 120, the respiration from 32 to 28. By the end of 45 minutes consciousness and speech had returned. In a few hours the child was fully restored, with the exception of some dilatation of the pupils, which continued a few days longer.

Dr. LEE, in the *American Journal of Medical Sciences*, relates the case of "a child et. 6 years, to which had been given in mistake for syrup of rhubarb, a drachm of buccus belladonna, an unofficial preparation, very concentrated and only used in collyria. The characteristic symptoms of belladonna poisoning almost immediately appeared, the child's face became scarlet, and she tottered insensible to the floor."

Dr. Lee says he "was immediately sent for, and

found the flush on the face deepening to a scarlet hue; the eye fixed and staring; the pupils dilated to the utmost; tongue, dry; pulse, slow and bounding, and the child almost comatose. Seventy drops of laudanum by the mouth, and the same by the rectum were simultaneously given, and at intervals of half an hour the dose of twenty drops was repeated until the little patient had taken one hundred and twenty drops in all. After the third dose the pupils began strongly to contract; the purple hue of the face to fade, and in three hours the child was well and running about the room."

Dr. Norris, in his table of cases, before referred to, gives the data of fourteen cases of belladonna poisoning treated by opium, all but one of which were cured; in this case the pupils remained dilated; in all cases that recovered the pupils contracted before sleep. He also gives a record of four cases of poisoning by atropia, all of which were cured.

Many other cases are on record, but these I believe to be sufficient to demonstrate conclusively the mutual antagonistic properties of these two medicines.

If this is true, it is a matter of importance that it should be fully appreciated by the profession. The idea of this antagonism is not of recent date. I find that many years ago it was acted upon to a certain extent.

There seems to be among the profession some degree of timidity in regard to the use of belladonna. It is apt to be looked upon not only as a very potent, but also as a very dangerous remedy. Compared with opium I believe it quite safe. The poisonous effects of opium come on so insidiously, and their approach is so gradual, that they are often not detected until there is complete narcotism. It is not so with belladonna; the largely dilated pupil and the erythematous rash give warning in time.

One reason why those who unsuccessfully have attempted to antidote opium by belladonna or, *vice versa*, is, that their dose of the antidote has been far from commensurate with the amount of poison taken. It is of importance to approximate as nearly as possible to the amount taken and regulate the antidote accordingly.

It must be constantly borne in mind that poisonous doses of one must be met with equally poisonous doses of the other, in order to be successful. It is clearly proven that one which in ordinary circumstances would be poisonous, is not only innocent but salutary when there has been a poisonous dose of the other taken.

If these characteristic cases which I have related will contribute to satisfy the profession of the value and importance of the subject, and tend to inspire confidence in this mode of treating poisoning by these drugs, the object of this report will be fully accomplished.

April 22, 1871.]

Medical Societies.

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ANNUAL MEETING OF THE MEDICAL AND
CHIRURGICAL FACULTY OF
MARYLAND.

April 4.

The Medical and Chirurgical Faculty met in annual session at the Faculty rooms, 60 Courtland st., New York.

Dr. N. R. SMITH, President of the Society, took the chair at 12 M. and called to order. About fifty of the members of the Association were present, and the hall being small there was some difficulty in finding seats. The Secretary, Dr. H. M. WILSON, read the minutes of the last semi-annual meeting (held in Cumberland). The report of standing committees being the first business in order, Dr. JOHN F. MONMONIER reported for the Executive Committee. The report was confined principally to financial affairs. At the close of last year the balance in the treasury was \$2,000; the amount received during the year was \$338; current expenses, \$570. This Association has an indebtedness of \$3,500, balance due on building.

The Treasurer, Dr. KINEMON, made a report, embodying substantially the same facts as presented in the report of the Executive Committee. The Memorial Committee reported the death of two members of the Society since the last annual meeting, Dr. COHEN, of Baltimore, and Dr. JAMES BORDLEY, of Centreville. A memorial paper, giving a brief historical sketch of Dr. Bordley, and warmly eulogizing his virtues as a man and his skill as a physician, was read by Dr. GILMAN. This memorial sketch was prepared by Dr. C. C. Cox, of Washington. Dr. JOHN MORRIS also read a memorial sketch of the personal and professional life of the deceased, prepared by Dr. WROTH.

Dr. DUNBAR, who had been appointed, to prepare a memorial paper commemorative of the life and character of Dr. Cohen, deceased, being prevented by sickness from being present, Dr. N. R. Smith delivered a short eulogy upon his deceased professional brother, with whom he had been intimately acquainted for forty-four years. In the course of Dr. Smith's remarks he took occasion to lay before the society some facts connected with the use of hydrate of chloral, which he thought worthy of the attention of the medical faculty. Dr. Cohen, an aged man, who died some weeks afterward from acute bronchitis, presented himself to Dr. Smith for treatment. He had a singular ulceration of his fingers, particularly around the nails. Both hands were similarly affected, from which Dr. Smith inferred that the disease was constitutional, and that there must be some poison in the blood. The patient told him that he had been using the hydrate of chloral for three or four months to induce sleep. After ten or twelve days' treatment

the affection subsided, and Dr. Smith saw nothing more of his patient for about three weeks, when he found him in an almost moribund condition from acute bronchitis. He lived but forty-eight hours afterward. Whether this disease was developed by the hydrate of chloral he would leave the faculty to judge. Dr. Smith also mentioned the case of a young lady whose hands were ulcerated in precisely the same way. She, too, had been in the habit of taking hydrate of chloral to induce sleep. The disease yielded under treatment prescribed, and the young lady is entirely well.

Dr. CURREY, from the Committee on the Library, made a report, which on motion was recommitted with instructions to report what additional legislation is necessary to prevent a conflict of jurisdiction between the committee and any other officer of the Society.

Dr. E. F. Cordell, the Librarian of the Society, submitted a report, which shows that at the time he took charge there were 1,200 volumes in the library, most of them exceedingly ancient, and none of them later than 1855. After some time spent in arranging the books and preparing a catalogue, the library was opened, September 1st, 1870. The standard medical journals are kept on file. The publishers of most of these periodicals gave them to the Society at half price. The *Baltimore Medical Journal* is furnished by the publishers free of cost. The library is but poorly patronized. The receipts from all sources were \$22.20; disbursements, \$10.

On motion of Dr. McKew a vote of thanks was tendered to the editors and publishers of the *Baltimore Medical Journal* for their courtesy in presenting a copy of each monthly number to the library free of charge.

Dr. P. C. WILLIAMS, chairman of the Section on Practice, made a short verbal report, the purport of which was that it was impossible for him to get a quorum of the section. Dr. Morris had prepared a paper on Scarlatina, which would be read hereafter.

Dr. Williams subsequently gave notice of an amendment to the by-laws, by which the Section on Practice will be required to prepare a *resumé* of the experience of the several members during the year, to be presented at the annual meeting.

On motion of Dr. Howard, a committee of three was ordered to be appointed by the Chair, whose duty it shall be to devise ways and means by which the Society can be relieved from debt.

On motion of Dr. H. M. Wilson, it was ordered that the Society meet at five P. M. to hear the annual oration of Dr. J. F. Monmonier, and at nine P. M. to attend the banquet given by the city members to their brothers from the country. Half-past twelve o'clock to-morrow was fixed as the time for hearing papers on subjects appertaining to the theory and practice of medicine.

On motion of Dr. Wilson, the vote by which the by-law making the President and Vice Presidents of the Society ineligible for a second term was reconsidered.

The question then recurring on the by-law, it was so amended as to make the President and Vice Presidents ineligible for more than two successive terms. An effort was made to substitute three years for two years, but the amendment was voted down.

Nominations for officers being in order, Dr. Edward Warren nominated Dr. N. R. Smith for President.

There being no other nomination, on motion Dr. Charles Ohr was directed to cast the ballot of the Society for Dr. Smith.

Dr. P. C. Williams, Prof. Francis T. Miles and Dr. Charles Ohr were elected Vice Presidents.

Dr. Henry M. Wilson was elected Secretary, Dr. W. G. Register Assistant Secretary, and Dr. Judson Gilman Treasurer.

At 5 P. M. the annual address was delivered by Dr. John F. Monmonier.

A banquet was given in the evening by the city members of the society to the country members. At 10 P. M. the dinner was served. About fifty gentlemen of the medical faculty participated in the banquet to the extent of eating a "square meal," and about one-fourth of that number made speeches by way of an agreeable dessert. Dr. Smith presided. Professors Chisholm, Miles and Donaldson, of the Faculty of the Maryland University, were present, and Professors Warren and Chancellor, of the Washington University.

SECOND DAY.

Dr. Charles Ohr, of Alleghany, First Vice President, in the chair, Dr. N. R. Smith, the President, being absent. The attendance was not quite so large as on the preceding day, although the number in the hall was about equal to its capacity.

The chair announced the following standing committees for the year:

Executive Committee—Drs. J. F. Monmonier, J. H. Currey, J. A. Stewart, P. S. Kinnemon and John Morris.

Committee on Library—Drs. McKew, J. R. Uhler, S. F. Powell, W. C. Kloman and A. F. Erich.

Committee on Memorials, Publications and New Member—Drs. T. S. Latimer, Dougherty, C. Johnston, G. Lane Taneyhill and W. J. C. Du Hamel.

Committee of Honor—R. S. Stewart, D. A. O'Donnell and A. Hartman.

Examining Boards—Western Shore—Drs. A. P. Smith, Edward Warren, J. J. Chisholm, H. R. Noel, G. L. Robinson, C. W. Chancellor, J. J. Cockrill. Eastern Shore—Drs. Wroth, Dawson, Earle, Dickson and Bailey.

Delegates to American Medical Association—Drs. N. R. Smith, John Morris, D. A. O'Donnell, C. H. Ohr, J. J. Chisholm, G. W. Wayson, H. R. Noel, E. L. Howard, H. M. Wilson, R. H. Sterling, D. McKew, A. P. Smith, T. C. Maddux, G. L. Taneyhill, Dougherty, Wilhelm, G. E. Porter, A. Hartman, Healey, Hildman, Ward, Cockrill, Monmonier, Jones, Cordell, Donaldson, Piet, Du Hamel, Powell and Coleman.

The therapeutic use of hydrate chloral, incidentally mentioned on the first day's session by Dr. Smith, was discussed at some length by Drs. Ohr, Maddux, Garretson and Morris.

The regular order for the day being demanded, Dr. Jones read an interesting paper on "Compulsory Vaccination," which was referred to Committee on Publication.

Prof. Miles introduced three of his patients, small boys, who are afflicted with a rare disease known in the books as "Duchenne's Paralysis." They came tumbling into the room, falling down every few steps, and when lifted up would make an effort to balance themselves and maintain an upright position by spreading out their feet and throwing forward their chests, but by the time they would make a straddling step or two forward the treacherous legs would give way, and down they would go again, generally falling forward on their hands, and imitating in their motions the little automaton acrobats that are sold on the street corners. The kind hearted professor kept picking them up and helping them along until they reached the table in front of the President's desk, and then it was pleasant to see the enthusiasm with which he explained the peculiar affection from which they suffered, which he called "acute muscular sclerosis." With the utmost tenderness of manner to the boys, he exhibited the limbs which refused to perform their proper functions. The calves of the legs were greatly enlarged, but to the non-professional eye there was nothing else about them to indicate deformity or weakness. The boys blushed a little, but seemed to be pleased rather than otherwise, and to enjoy the sensation their legs created among the doctors. They appeared to be perfectly happy, and entirely unconscious of the hopeless condition in which the terrible disease has placed them, and its inevitable result.

When the professor touched on this part of the case he used technical language, which was all Greek to the poor little fellows, who sat smiling at their novel position while the dreadful prophecy was being pronounced over their heads. They appeared to be in good health otherwise, and had rather intelligent faces. Professor Miles handled them as a mother would an infant; and while there was kindness and sympathy in his tones when speaking to his patients, there was what might be called professional

exultation in his diagnosis of the disease from which they suffered.

Dr. EDWARD WARREN introduced a patient to show a peculiar splint and bandage, invented by himself, for fracture of the clavicle, by means of which the edges of the fractured bone are held firmly together, and at the same time the patient can use his arm freely, feed himself and even perform light labor (writing for instance) while the knitting process is going on.

Prof. Warren also referred to three cases in which he had successfully performed the operation of external perineal urethrotomy. In the one case the natural channel for the urinary secretion had been entirely closed for more than two years, a fistulous opening being the only outlet. After years of suffering this man was restored to health and happiness by the above named operation.

The second case was similar to the first, except that it was rather worse, the unhappy sufferer having become almost a Pariah in society. This man is now rapidly recovering.

Dr. Morris had brought this case to the notice of Dr. Warren, and knowing the condition of the patient and the wretchedness from which he had been relieved, he pronounced the operation as one of the most splendid on record, and warmly commended the courage and skill of Dr. Warren in performing.

Dr. George L. Robertson reported some cases of successful surgical operations.

Prof. Chisholm read an interesting paper on the "eye," and gave an account of a number of operations performed by himself at the Lombard Street Infirmary. Prof. Chisholm recommends the prompt removal of an eye that has lost its sight as soon as the remaining eye shows the least sign of sympathetic affection. The wound heals in a few days, and the cure is instantaneous. An artificial eye can be inserted which can scarcely be distinguished from the natural one.

At 3 P. M. the Society took a recess till 5 P. M., when the session was resumed.

The Convention having reassembled, Dr. P. C. Williams, Vice President, in the chair, Dr. Uhler exhibited an apparatus for the manufacturing of oxygen gas, now used by some practitioners in the treatment of certain diseases of the throat and chest.

The names of Drs. Arnold and Morgan were added to the Committee on Library. Dr. Currey, from Committee on Library, submitted a revised report, which was adopted. Dr. Howard offered a resolution, which was adopted, requesting the Corresponding Secretary to notify the chairman of each section that he is expected to make a report at the annual and semi-annual meetings.

Drs. Cordell, Gilman and Register were appointed a committee to make out a correct list of the members of the Association.

On motion, it was ordered that the Executive Committee decide the time and place for the holding of the semi-annual meeting, and give due notice thereof.

Dr. Gilman moved that the transactions of the Association be published, which motion was amended to the effect that the Committee on Publication furnish to the Baltimore *Medical Journal* such of the papers read at the meeting as they may think worthy, and in this form the motion was adopted.

Dr. Ohr reported an interesting case of cystic ovarian tumor and granular degeneration of the kidney that had come under his professional notice. Dr. Dougherty made some observations relative to the same case.

Dr. Monmonier, from the Special Committee on Finance, made a report, which was adopted. The Executive Committee were ordered to pay off the mortgage debt on the building at maturity.

A special meeting, for the purpose of disposing of some property, will be held on the 21st instant.

Vice President Williams, acting as President, appointed the following gentlemen on the respective sections:

Surgery—Drs. Chisholm, Johnston, A. P. Smith, Dunbar and Friedenwald.

Practice and Obstetrics—Drs. Warren, H. M. Wilson, Morris, Page and H. P. C. Wilson.

Materia Medica, etc.—Drs. Chew, Garretson, Van Bibber, Cockrill and DeRossett.

Anatomy and Physiology Drs. Milles, Chancellor, Noel, Monmonier and Latimer.

Meteorology, etc.—Drs. Currey, Aitken, Register, Kloman, and Byrd.

Psychology and Medical Jurisprudence—Drs. Arnold, Howard, Taneyhill, Hartman and Uhler.

Association adjourned *sine die*.

EDITORIAL DEPARTMENT.

PERISCOPE.

Disinfecting Cotton.

It has long been known that the best disinfecting agent for wounds, cancers, ulcers, and decaying animal matter, is the permanganate of potash. Dr.

FRESENIUS possesses a method for applying it, which seems to overcome many of the difficulties hitherto felt in practice, and this consists in saturating gun cotton with a solution of the permanganate of potash. The gun cotton is not decomposed by the manganese salt, as ordinary cotton is, but seems to

expose and keep the greatest amount of surface for the action of the disinfectant. Bandages of the gun cotton thus saturated with permanganate of potash can be readily applied, and in cases of open wounds, cancers and the like, must prove very acceptable to surgeons. The gun cotton is harmless as long as it is wet, and is an article that can be obtained in any quantity since its great use in photography. Permanganate of potash must be applied in solution in order to be effective, and is an agent that ought to be more generally known and applied in this country than it has hitherto been.

The External Use of Digitalis.

Dr. FUSSEL says in the *Brit. Med. Jour.*: From my experience, any doubt as to the efficacy of the external mode of employing certain drugs arises from its imperfect application. Ordinary fomentations, as recommended by Christison (*Dispensatory art. digitalis*), exert but little power. In August last I saw a severe case of renal dropsy (in consultation with Mr. Butler, of Guilford), in a gentleman from whom he had removed a great part of the inferior maxillary bone, which was necrosed. From various causes, no good results could be obtained from the internal administration of medicines. I advised the application of one ounce of the tincture of digitalis sprinkled over a large piece of spongopiline wrung out of boiling water. This was applied in the evening. During the night there were excessive vomiting and occasional syncope. Mr. Butler was called early in the morning, and found the patient pulseless and in a state of great prostration. After the free administration of brandy, he rallied.

To confirm the supposition that the severe symptoms arose from the digitalis, in the course of a week I asked Mr. Butler if he would administer half an ounce in the same way, but he declined, alleging his conviction of the powerful effects of the drug thus used. Cases are reported by Dr. Reynolds and Mr. Jenkins, in which poultices of digitalis leaves, applied to the abdomen in "suppression of urine," gave the most satisfactory results. In our case, there was little or no diminution of the fluid from the one application. In a case of severe abdominal pain, arising probably from a cancerous state of the bowel, I am using the wet warm spongopiline bandage, sprinkled with tincture of acornite and solution of opium. It gives great relief.

The Earth Closet System.

We had occasion, says the *Journal of Applied Chemistry*, during the summer, to subject the earth closet system to a thorough test, and are so fully convinced of its practicability and efficacy that we deem it our duty to publish the results of our ex-

periments. We prepared the earth by passing it through a sieve, such as masons use, and allowing it to dry in the sun. A few minutes sufficed to get ready enough to last a week, and, as we used the same earth over again five or six times, the labor and trouble of this part of the operation was very slight. We had a self acting seat, and a hopper large enough to hold dry earth sufficient for a week's supply for a family of five persons. The tank under the seat was made of wood, on runners, so that it could easily be run out into a wheel-barrow, ready for dumping. A more convenient method would have been to put this on wheels, ready to remove to the shelter for drying. When the tank was full it was emptied upon a floor under an open shed, and in a day or two the earth was usually sufficiently dry to be employed again. After the earth had been used five times it had the odor of guano, but was not in the least offensive. There was not the least smell observable in the closet, so that we had it constructed under our piazza, and could have used our commodore in any apartment of the house without the slightest inconvenience.

So far as disagreeable smell is concerned, we did not fully appreciate the great advantages of the earth system over the water closets until we came to town, and we should be glad to be able to use earth in the city on the score of its freedom from the unhealthy smell that attends the employment of water, if it could be obtained from dealers, and could be called for by the drivers of ash carts. We have no doubt that, in the course of time, dry earth will be substituted for water in a majority of our best city houses. The open privy system of the country is the occasion of so much sickness, and is such an unmitigated nuisance, that it ought to be prohibited by law. It poisons the air, fills the well water with organic matter, and produces fevers and cholera. There is really no valid excuse for not introducing the earth closet system in the country, and we are of the opinion that nothing but ignorance stands in the way of its universal adoption.

Reviews and Book Notices.

NOTES ON BOOKS.

Dr. JOSEPH JONES, Professor of Chemistry in the Medical Department of the University of Louisiana, is preparing a series of "Medical and Surgical Memoirs." This work will embrace the investigations of fifteen years into the causes, geographical distribution, Natural History and Treatment of Intermittent, Remittent and Congestive Malarial Fevers, Yellow Fever, Typhoid and Typhus Fevers, Small Pox, Spurious Vaccination, Measles, Pneumonia, Diarrhoea, Dysentery, Scurvy, Tetanus, Cerebro-Spinal-Meningitis, Diseases supervening upon Gun-Shot Wounds, Pyæmia, Hospital Gangrene, Erysipelas, etc.

The results of the investigation of the diseases of the Confederate Army, during the American Civil War, 1861-1865, will occupy a prominent portion of the Work.

These investigations have been prosecuted unceasingly during the past 15 years; and the author proposes to lay the results before the medical profession, as soon as a sufficient number of subscribers have been obtained.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, APRIL 22, 1871.

A. W. BUTLER, M. D., D. G. BRINTON, M. D., Editors.

Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

To insure publication, articles must be practical, brief as possible to do justice to the subject, and carefully prepared, so as to require little revision.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

The Proprietor and Editors disclaim all responsibility for statements made over the names of correspondents.

ITALIAN PHARMACY.

It is important for the physician who travels, and interesting to him who stays at home, to know something about the mode of prescribing, and kindred arts, in foreign countries. In a recent number of the *Chemist and Druggist*, we have a sketch of the apothecaries of Italy.

It appears that pharmaceutical organization in the Italian peninsula is chiefly based on restrictions limiting the druggist to a certain number of inhabitants. In the larger cities, however, it is evident that these restrictive measures do not militate against a large clientele, and that such handsome shop-fronts as Grove's or Robert's at Florence do attract not only all the tourist custom, but also win a considerable amount of patronage from the local *élite*. It is worthy of remark, and applicable to most continental pharmacists, that all the handsomest and best-thriving drug-stores are in the hands of Englishmen, or are managed by them. Sinimberghi's *farmacia* at Rome, and several of the English shops at Nice, are more elaborately and expensively fitted up than any in London or Paris.

The Italian legislature does not permit a druggist to open a shop in a village containing less than 1,500 inhabitants without some exceptional reason, such as extreme distance from a large town, or a general petition from the villagers. A second shop cannot be established unless the population should exceed 3,000, and 6,000 is the regulation number to support three pharmacists.

The Councils or Boards of Health are entrusted with the care and supervision of these

regulations; and when a druggist wishes to establish himself he must forward to headquarters a certificate from the local administration, exposing all the reasons and requirements necessitating such a step.

The Minister does not give the requisite authorisation until he has consulted the Medical Council of the province and the superior Board of Health. Should a pharmacist wish to transfer his place of business to another town, or even to a different house in the same town, he is obliged to undergo all these formalities. * Even then, he cannot open his business till the authorities have duly inspected and reported it "conveniently installed with a laboratory provided with all necessary apparatus and utensils."

To become a pharmacist in Italy there are four principal clauses: 1st. The title of pharmacist, a diploma obtainable at any university. 2d. To have attained the mature age of twenty-one. 3d. To furnish a guarantee proportionate to the importance of the place in which you intend practicing. 4th. A certificate of good character. This last clause may appear strange to those not acquainted with Continental customs, but, in some countries, even a baker cannot set up without very strong attestations regarding his morals; and in the little *lieries* recently abolished in France, which every workman and *employé* carried with him, ambiguous or mediocre testimonials frequently got the owner of them into trouble with commissaries of police, at any change of residence or employer.

When the owner of pharmacy dies, the price of the business is settled for the heirs by the Board of Health. The government tolerates the establishment of private religious drug stores for the hospitals, convents, etc.; but the recommendation of the head Board is required.

Italian pharmacists are bound to make all official preparations according to the Italian Pharmacopœia. The price of medicines is fixed by special commissioners appointed by the Government, who not only accord a very large profit on the simple drugs, but take into consideration the time and skill required to produce any compound preparation, such as syrups, tinctures, etc. The Pharmacopœia is revised every ten years by the chief Board of Health, and the tariff once in three years. The Board is composed of a president and four councilors named by the Government,

who visit, twice a year, all the pharmacies in the capital. The provincial pharmacists are inspected by special delegates appointed by the council of five, who swear them in for four years at a time. Every pharmacy is visited at least once a year. The inspector, accompanied by a local physician, a magistrate or mayor of the town, generally proceeds to examine the storing of the poisons, which are ordered to be kept under lock and key. After peering into a few ointment jars and smelling one or two tinctures, exchanging a few compliments, and signing the prescription book, the inspection is generally over. In all the royal custom-houses, importations of drugs are examined by specially-appointed inspectors, who reject, and order to be destroyed, any that may be adulterated or deteriorated.

The laws relating to prescriptions and dispensing are so very similar to those in force in nearly every country, that it would be superfluous to enumerate them; there is, however, one peculiar clause, as follows: "When a physician or surgeon prescribes a medicine of his own composition, which is not in the Pharmacopœia, the pharmacist must send, within a month, a copy of the formula to the Board of Health, to be examined and taxed." And again, in the last clause of the Italian Pharmaceutical Act, we find a decree, "That all fines are to be applied to the Universities, reduction being made of one-third, which, shall be paid to the *informer*." A very favorite method of prescribing powerful medicines is to order granules containing one milligram of some alkaloid. Syrups, too, are largely used.

Notes and Comments.

Protection Against the Mistakes of Druggists' Clerks.

The bill in relation to licensing of drug clerks in the city of New York, which has received the approval of the Governor, directs the Mayor to appoint, before the 1st of June, a Board, consisting of one skilled pharmacist, one practical druggist, and two regular physicians, to hold office during the pleasure of the Mayor. These shall choose a practical druggist as Secretary. This Board shall examine and license all druggists now employed or hereafter to be employed as clerks in drug stores. At the expiration of six months from the organization of the above Board, any unlicensed person who

shall make up a physician's prescription shall be deemed guilty of a misdemeanor, and shall be liable to a fine of not more than \$500, or to imprisonment of not more than six months, or both. The salary of the members of the Board shall be fixed by the Board of Supervisors, but shall not exceed \$2,500 per

Death of Von Niemeyer.

Dr. FELIX VON NIEMEYER, director of the medical clinic of the University of Tübingen, died there on the 14th of March. He was the most celebrated teacher of clinics in South Germany, and most of the medical Professorships of South Germany were held by his pupils. His "*Lehr-buch der Practischen Medizin*" (Elements of Practical Medicine) has been translated into six languages, and was published last year by D. Appleton & Co. His death was probably accelerated by the ardor of his services during the late war, at Metz and at Nancy, where he was employed as consulting physician. As an acknowledgement of his faithful performance of duty, he received the Iron Cross a few days before his death.

Staining Wood.

A fine stain can be imparted to furniture made of beech or pine in a very simple manner. Dissolve three ounces permanganate of potash and three ounces sulphate of magnesia in two quarts of hot water. Apply this to the surface of the wood with a brush, and repeat if necessary. The manganese salt is decomposed in contact with the fiber of the wood, and a fine, permanent stain is produced. If the objects are small a more dilute bath can be prepared, and the wood immersed in it for one or five minutes, until it is thoroughly stained.

Correspondence.

DOMESTIC.

Treatment of Epilepsy.

EDS. MED. AND SURG. REPORTER:

Inclosed you will find a case of epilepsy successfully treated with the tinct. root aconite, and whose previous history is as follows:

Andrew E., *æt.* 19; stout, robust young man; a farmer. I learned from his parents that he received a blow on his head at eight years old, which was thought to be a mere trifle; when nine years of age he was taken with epilepsy—the paroxysms occurring at intervals of from two to four weeks. He had, at the same time, a violent case of dyspepsia, attended with constipation. I was called to see him in June,

1868. I found him with a paroxysm. I learned the state of his bowels and concluded the epilepsy was caused by indigestion, therefore I prescribed the following pill:

R. Nux vomica,	gr. 30.
Soc. aloes,	3j.
Pulv. rhei.,	aa.
Pulv. ipecac,	gr. 10. M.

Make pills lx. Sig.—One every morning and increase to one twice a day.

After taking these pills he was relieved of constipation and I thought of epilepsy. One year from the time I first saw him he came for more pills, on account of constipation, yet he had no return of the epilepsy. I gave them to him as before, with advice to call again if not relieved. I heard no more of him until the 20th of March, 1871. A messenger came stating that Andrew had a "fit." (It had been nearly three years since he had the last.) I hurried to the scene of distress and found my patient suffering with "fits" at intervals of every two hours. He had four before I arrived. I ascertained the condition of his bowels and prescribed epsom salts, three drachms, cream-tartar, one drachm, to be given immediately; also a nauseant dose of ipecac. The purgative acted. The ipecac. produced the desired effect without any relief. I then gave bromide pot., 30 gr., every two hours for twelve hours, without relief. I tried the following named remedies in succession for four days without relief: Sulph. zinc, oxide zinc, tar. emetic, morphine hypodermically, hydrate chloral, wet cups, blisters and hot baths. He still retained a full, bounding pulse. The carotid arteries seemed to resist any amount of pressure.

Finally, I concluded to try aconite in ten drop doses every two hours, until the pulse were reduced to fifty beats per minute (my catalogue of remedies having been exhausted). He was relieved after the second dose. The carotids gained their normal attitude; pulse became soft and regular; skin moist, and a refreshing sleep supervened. I continued the aconite at intervals of four hours—then ter die. He expresses himself as feeling much better after each dose, and is now (five days from the time I commenced the aconite), convalescent. It is the first time I have ever used the remedy and think it deserves further trial.

If this communication proves of value enough to be inserted in your widely circulated journal, I would be pleased—should others try it—to have them report their experience. I am not prepared at present to comment upon the case, on account of time; therefore, I will submit the facts as they are, and if you desire it, let you hear from the case again. I have other cases of epilepsy, which I intend trying with the same remedy.

Very respectfully,

SAMUEL L. RAINES.

White Haven, Tenn., March 29, 1871.

Case of Peritonitis from Vaginal Injection.

EDS. MED. AND SURG. REPORTER:

On the 27th of February I prescribed for Mrs. M. for leucorrhoea and general debility. Ordered citrate iron and quinine, in tr. card comp., and gave her some powders of tannin and acetate of lead to be added to a pint of water, and used as an injection into the vagina, morning and evening. Saw her again about the 8th of March, very much improved in health, with good appetite and leucorrhoea very scanty. To continue medicine. March 12th was called in haste; found Mrs. M. suffering very greatly. On back; limbs flexed upon abdomen and unable to bear even the weight of the bed clothes. Pulse, 130; great thirst. Ascertained that she was as well as usual the preceding evening, until she used the vaginal injection. While she was using the injection she was seized with pain, and had to be helped to bed by her husband. The pain kept increasing until my visit of the 12th. I gave her opium and tinct. aconite, under which she gradually recovered. No digital examination was made. The probability is that the uterus would have been found partially prolapsed and the os patulous.

Is it not strange that such accidents occur so rarely, when the use of vaginal injection is so common?

THOMAS J. WHITTEN, M. D.

Irving, Ill., March 28th, 1871.

The Commissioner of Pensions.

EDS. MED. AND SURG. REPORTER:

At a regular meeting of the Fayette County, Pa.: Medical Society, held at Uniontown, Pa., the 4th of April, 1871, the following resolutions were adopted,

Resolved, That the policy adopted by Dr. VAN AERMAN, Commissioner of Pensions, in refusing to recognize homoeopaths as competent to be appointed pension surgeons, manifests the true spirit of the medical profession, and it meets our most cordial approbation.

Resolved, That our Senators be requested to oppose the passage of the bill now before the Senate rendering homoeopaths eligible as surgeons, thus placing them on an equality with the members of the regular medical profession.

Resolved, That a copy of these resolutions be transmitted to our Senator, and to the Commissioner of Pensions, and also that they be printed in the MEDICAL AND SURGICAL REPORTER.

Respectfully yours,

S. B. P. KNOX, M. D.,

Sec. of F. C. M. S.

NEWS AND MISCELLANY.

Lowndes County (Miss.) Medical Association.

In accordance with the notice given by a previous preliminary meeting, a portion of the Physicians of

Lowndes county met on Saturday, March, 25th, 1871, at the office of Dr. Brownrigg, and proceeded to the organization of *The Lowndes County Medical Association*, by the adoption of the necessary constitution and by-laws, and the election of the following officers for the ensuing year:

Dr. W. L. Lipscomb, President.
Dr. F. H. Ervin, Vice President.
Dr. J. W. M. Shattuck, Secretary.
Dr. B. A. Vaughan, Treasurer.

The regular meetings of the Association will be held at 11 o'clock A. M. on the fourth Saturday of each month.

Dr. A. C. Halbert was appointed essayist for the regular meeting in April.

Dr. A. W. Agnew, of Pickens county, Ala., was elected an honorary member of the Association.

The President was instructed to issue certificates of appointment to members of the Association who could attend as delegates to the State Medical Association to meet in Meridian on Monday, the 3d of April next.

The Secretary was ordered to publish in the city papers the time for the regular meetings, with an invitation to all physicians in the county to become members of the Association.

W. L. LIPSCOMB, M. D., Pres't.

J. W. M. SHATTUCK, M. D., Sec'y.

— Here is a noteworthy specimen of medical prescriptions sometimes written by ignorant pre-tenders in our different cities. It is genuine:

R. Fir Kramps.

Tinct. Kamfire, won ounce.

Tinct. Lodenum, a lit 1c.

Tinct. Hot drops, a few drops.

Tinct. Kyan pepar, 5 cents worth.

Kloreform, a little, but not much, as it is a dangerous medicine.

Dose, half teaspoonfull when the Kramps cum on.

WORDS OF ENCOURAGEMENT.

Dr. J. M. A., Ind.—"THE REPORTER is just what every country practitioner needs. No one who reads it carefully and intelligently can become a fogy."

Dr. S. P. H., Mass.—"I think THE REPORTER is the best journal in the country."

Dr. W. G. B., Ga.—"I take pleasure in perusing your REPORTER, and heartily congratulate you on its success."

QUERIES AND REPLIES.

Dr. W. T., of Mo.—Niemeyer's Practice costs \$10.00. Bumstead on Venereal, \$5.00. Lawrence & Moon on the Eye and Ear.

Dr. D. M. W., of Conn.—"Whose obstetrical forceps are the best?"

REPLY.—We prefer Bethel's and Hodge's (for long forceps).

Dr. J. A. H., of Miss.—"What does a good microscope cost?"

REPLY.—A really good one costs about sixty dollars.

Drs. B. and H., of Ark.—"What are the relative merits of Lewis & Emmett's operations for Vaginismus?"

OBITUARY.

DR. RICHARD P. TRACY.

RICHARD PROCTOR TRACY, M. D., of Norwich, Conn., died at his residence on the Town Green, March 17. He was born near where he died March 21, 1791. He, therefore, lacked only four days of being 80 years of age. He has always resided in his native town. His father was the celebrated physician, Philemon Tracy. Richard studied medicine with his father, received his degree from Yale College, and commenced practice quite young, so that he has practiced medicine nearly sixty years. He was never married.

His memory embraced everything that was ever brought to his attention. The writings of the great British poets were as familiar to him as the alphabet, and he would produce some apt quotation to illustrate his meaning in every turn of his conversation. He was a philanthropist, and it is said performed more gratuitous service for the poor than any man ever known in this part of the State. He goes to his grave with their blessings upon his memory. His quaint, earnest style of conversation, his personal eccentricities, his wise maxims, beautifully expressed, will live vividly in the memory of all with whom he ever associated. He died without an enemy in the world, and with him has died one of the last links that bind the present generation of Norwich people with the past.

MARRIED.

AKE—MCKAMEY—February 21, by the Rev. N. G. White, Dr. Joseph H. Ake and Miss Rachel R. McKamey, all of Williamsburg, Blair county, Pa.

ALEXANDER—MCGAUGHEY—March 15, by the Rev. J. Smith Gordon, R. M. G. Alexander, M. D., and Miss Mary J. McGaughey, all of Fannettsburg, Pa.

BUSHBEEK—HORNER—April 11, by the Very Rev. C. J. H. Carter, Vicar General, Mr. Adolph Bushbeck and Agnes, daughter of the late W. E. Horner, M. D.

CHRISTIE—ROSS—At St. John's Church, Fort Hamilton, N. Y., March 23, by Rev. H. E. Hovey, Dr. Thomas M. L. Chrysler and Julia A. S., youngest daughter of the late Prof. E. C. Ross, formerly of the U. S. Army.

FULTON—HAGGIN—In Louisville, on the 5th inst., by the Rev. A. T. Spalding, Pastor of Walnut street Baptist Church, Dr. H. T. Fulton, of Boone county, Ky., and Mrs. S. A. Haggin, of Memphis, Tenn.

HELM—POTTS—On the 12th inst., at St. Mark's Church, Philadelphia, by the Rev. James I. Helm, D. D., Dr. William H. Helm, of Sing Sing, N. Y., to Annie L., daughter of the late Stacy G. Potts.

NIEMELASSEN—SLOCUM—In Cincinnati, Ohio, April 1, at the residence of the bridegroom, No. 66 Dunlap street, by the Rev. J. M. White, Dr. F. A. Nicholassen, and Mrs. Mary Slocum, of Chicago, Ill.

PATTERSON—JACKMAN—March 28, near Connorsville, Ind., by the Rev. C. L. Thompson, of Cincinnati, J. P. Patterson, M. D., of Cincinnati, and Miss H. F. Jackman, of Fayette county, Ind.

WATTS—PEPPER—At St. Mark's Church, in this city, April 11, by Rev. E. A. Hoffman, D. D., Ethelbert Watts and Emily, daughter of the late William Pepper, M. D.

DIED.

DICKSON—In Baltimore, Md., March 12, Rebecca Charlesworth, wife of Dr. John Dickson, aged 37 years.

DUNN—In Newport, Rhode Island, February 26, Theophilus Dunn, M. D., aged 70 years.

GUION—In New York, on the 14th inst., in the 63d year of his age, Dr. Edward M. Guion.

LAWRENCE.—At Baltimore, Md., March 29, 1871, in her 46th year, at the residence of her mother, Mary S., wife of Dr. G. W. Lawrence, of Hot Springs, Ark.

MARY.—At Philadelphia, March 14, Eleanor W., wife of Dr. Edward Maris, and daughter of Dr. Stephen Wood, of New York, aged 35 years.

MITCHELL.—In this city, on the 8th inst., in her 7th year, Clara Eugenie, daughter of Dr. George H., and Mary E. Mitchell.

SMITH.—In Brooklyn, March 31, after a painful and lingering illness, Joanna V., wife of Dr. D. E. Smith.

STEPHENSON.—At Bedford, Ohio, March 27, Clara A. Stephenson, aged 18 years, 5 months, and 21 days, daughter of Dr. A., and Martha A. Stephenson.